

PART B - FEE(S) TRANSMITTAL

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57246 7590 01/27/2010
BRAKE HUGHES BELLERMANN LLP
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Shellie Bailey	(Depositor's name)
/Shellie Bailey/	(Signature)
March 30, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/805,233	03/22/2004	Wen-Cheng Tseng	0063-068002	9041

TITLE OF INVENTION: NETWORK DEVICE HAVING A FLEXIBLE EEPROM FOR SETTING CONFIGURATION SETTINGS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/27/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
SORRELL, ERON J	2182	710-013000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BROADCOM CORPORATION

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge _____, any deficiency, or credit any overpayment, to Deposit Account Number 50-3521 _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Joseph F. Key, Reg. No. 44,827/ Date March 30, 2010

Typed or printed name Joseph F. Key Registration No. 44,827

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